

Regional Permit Application for Oversize/Overweight Movement

All Sections Must Be Completed

Company Name			· · · · · · · · · · · · · · · · · · ·						D	DOT#			(Contact Person						
Street Address	F	Phone (With Area Code)					Fax (With Area Code)													
City		State Zip C			Code			E-mail Address												
Description of Non-Reducible Load or Vehicle														Dates Valid (Max. 5 Days)						
Origin (City)						D				estination (City)										
Routes of Travel for Each State																				
Vehicle License N		State	tate Truck (# of Axle			s) Tractor (# c			s)	Semi	ni-Trailer(# of Axles)		les)	Trailer (# of Axles)						
Unit #	ber							Y	Year		Make			USDOT No.		No.				
Overweight: D	Overweight: Draw diagram of axle group weight, axle spacing, tire sizes, and number of tires:																			
2 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1																				
											Longth Front O			I Dans Control						
Width Height					Length			Ira	Trailer Length			Front Overhang			g Rear Overhang			ig		
Lift Axle?		ire Siz		Sin				I		Legal Weight		Report No.								
Yes No				☐ Dual																
Applicant Must Fill in Miles Per State When Overweight																				
State	Mil	Miles Fe		9	St		ate	Mile	iles		Fee		State		•	Miles		Fee		
Arizona							ontana						Oregon							
Colorado				-			levada					_	Texas		$\overline{}$					
Idaho					-		lew Mexico						Utah							
Louisana					Oklahoma						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		was	ashington						
			Bankcar																	
Credit Card Type O Visa O Ma									Expiration Date											
Print Name as it	Appea	ars on	Credit Ca	Signature (Person I				Requesting Permit)				I	Date							
							FOR O	FFICE U	SE ON	LY										
	FOR OFFICE USE ONLY																			